

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/831182</b>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						61					
2	1						62					
3	1						63					
4	1						64					
5	1						65					
6	1						66					
7	18						67					
8	④1						68					
9	④1						69					
10	④1						70					
11	1④						71					
12	④1						72					
13	1④						73					
14	④1						74					
15	1④						75					
16	④1						76					
17	1④						77					
18	④1						78					
19	1④						79					
20	④1						80					
21	1④						81					
22	④1						82					
23	1④						83					
24	④1						84					
25	1④						85					
26	1						86					
27	④1						87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND.	2				
42							TOTAL DEP.	25				
43							TOTAL DEP.					
44							TOTAL CLAIMS	27				
45												
46												
47												
48												
49												
50												